



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
P.O. BOX 942840
SACRAMENTO, CA 94240-0040

POWER OF ATTORNEY

TAXPAYER'S NAME	TELEPHONE NUMBER
SOCIAL SECURITY NUMBER(S)	CALIFORNIA CORPORATION ID NUMBER(S)
MAILING ADDRESS (Street & Number)	(City) (State) (Zip Code)

As owner or corporate officer of a business herein described or as a party to the tax matter before the Franchise Tax Board, I hereby appoint: *[Enter below, name, address (including ZIP code), telephone number, and FAX number of specific appointee. Do not enter names of accounting or law firms, partnerships, corporations, etc.]*

APPOINTEE NAME		
APPOINTEE ADDRESS (Street & Number)		
(City)	(State)	(Zip Code)
TELEPHONE NUMBER	FAX NUMBER	

as attorney(s)-in-fact to represent the taxpayer(s) for the following tax matters: *[Specify the type(s) of tax]*

- ☐ Administrative Law
- ☐ Personal Income Tax Law
- ☐ Bank and Corporation Franchise Tax Law
- ☐ Other: _____

Specify the tax year(s) or period(s). If Estate Tax, indicate date of death: _____

The attorney(s)-in-fact (or any of them) are authorized, subject to revocation, to receive confidential tax information and to perform on behalf of the taxpayer(s) the following acts for the tax matters described above: *[Check the box(es) for the powers granted.]*

- ☐ To confer and resolve any assessment, claim or collection of a deficiency or other tax matter pending before the Franchise Tax Board and attend any meetings or hearings thereto for the specified law identified above.
- ☐ To receive, but not to endorse and collect, checks in payment of any refund of taxes, penalties or interest.
- ☐ To execute petitions, claims for refund and/or amendments thereto.
- ☐ To execute consents extending the statutory period for assessment or determination of taxes.
- ☐ To execute closing agreements under the California Revenue & Taxation Code Section 19441 (formerly Section 19132)
- ☐ To delegate authority or to substitute another representative.
- ☐ Other acts (be specific): _____

[The reverse side of this form must be completed]

This Power of Attorney revokes all earlier Power(s) of Attorney on file with the California State Franchise Tax Board as identified above for the same matters and years or periods covered by this form, except for the following: [Specify to whom granted, date and address, or refer to attached copies of earlier power(s)]

NAME		DATE POWER OF ATTORNEY GRANTED	
ADDRESS	(Street & Number)	(City)	(State) (Zip Code)

This Power of Attorney will remain in effect for the time limit specified below:

TIME LIMIT _____

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ _____
OTHER

Signature of Taxpayer(s) — If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF THIS POWER OF ATTORNEY IS NOT SIGNED AND DATED, IT WILL BE RETURNED.

Signature	Date	Title (if applicable)
Print Name		
Signature	Date	Title (if applicable)
Print Name		

State of California)
County of _____)

On _____ before me, _____ personally appeared
(DATE) (NOTARY)

(ABOVE SIGNERS)

personally know to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____ (Seal)
NOTARY PUBLIC